

Society of Black Academic Surgeons

Membership Application

Please provide information in typewritten format.

Personal Information:

Last Name	First Name	Middle Initial
Academic Title: _____		
Institution: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Telephone: Work: _____		Home: _____
Beeper: _____	Email: _____	
Fax: _____	Other: _____	

Education:

Undergraduate: _____

School	Years	Degree
Medical School: _____		
School	Years	Degree
Fellowships: _____		
School	Years	Degree

Certification:

General Surgery: _____ Year

Subspecialty: _____ Year

Current Medical School Faculty Status

- Instructor
- Assistant Professor
- Associate Professor
- Professor
- Emeritus
- _____
- Geographic _____ Full Time _____ Part Time
_____ Volunteer _____ Research

Society Memberships (Check all that apply)

- Fellow, American College of Surgeons _____ Year
- American Surgical Association
- AATS ASES Central Surgical Association
- International Society
- National Medical Association (Surgical Society)
- New England Surgical Society
- Pacific Coast Surgical Association
- SAS SAGES SESC
- Society of Vascular Surgery
- Southern Surgical Association SST SUS SWSC
- Transplant Society Western Surgical Society
- _____
- _____

Publication History During Past Five Years in Peer Reviewed Journals

Please Check One:

- ____ >20 ____ 15-20 ____ 10-15 ____ 5-10 ____ 1-5 ____ None

Focus of Research Efforts

1. _____
2. _____
3. _____

Additional Documents Required To Complete Your Membership Application

1. Letter of Reference from the chairman of your department (send directly to SBAS Secretary)
2. Letter of Reference from faculty member in your department familiar with your academic accomplishments (send directly to SBAS Secretary)
3. Current curriculum vitae (attach to this application form)

Forward Application to Secretary of SBAS:

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Thoracic Surgery

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